

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002973

FILED
May 02, 2008
Secretary of State

Entity Name: THE RIVER INTERNATIONAL, INC.

Current Principal Place of Business:

151 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

618 SE 20TH PLACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-1004049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROGERS, STEVEN L
618 SE 20TH PLACE
CAPE CORAL, FL 33990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROGERS, STEVEN L
Address: 618 SOUTHEAST 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: STD () Delete
Name: ROGERS, TANA L
Address: 618 SE 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: CASEY, ROBERT L
Address: 4547 FOREST GLEN
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: D () Delete
Name: CASEY, SHARON
Address: 4547 FOREST GLEN
City-St-Zip: NORTH FT. MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANA ROGERS

STD

05/02/2008

Electronic Signature of Signing Officer or Director

Date